

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-034929

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 16 1963

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Kirksville

Length of stay in 1b

5 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONAdair, the Osteopathic
Loughlin Hospital - Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY Scotland

admission)

c. CITY

OR
TOWN

Gorin

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Scott Creason4. DATE
OF
DEATHMonth Day Year
August 31, 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

July 27, 1875 88

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Schuyler Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Rice Creason

13b. MOTHER'S MAIDEN NAME

Elizabeth George

14. NAME OF HUSBAND OR WIFE

Estelle Creason

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

INFORMANT

Address

Mrs. Chester Hartman Gorin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Liver

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Unknown

DUE TO (c)

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-24-63 to 8-31-63 and last saw him alive on 8-31-63
Death occurred at 12:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. J. Melville, M.D.

22b. ADDRESS

K.O.H.

22c. DATE SIGNED

8-31-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Sept. 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Grove Cemetery

23d. LOCATION (City, town, or county)

Gorin, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

GERTH & BASKETT MEMPHIS. MO.

25. DATE RECD. BY LOCAL REG.

9-12-1963

26. REGISTRAR'S SIGNATURE

Dorothy W. Rathoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10017

20990

3

4 0

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9/56.1

10

11

122-2

131-6

Permit issued Aug 30, 1963

S. J. D E VITO, D O

Revised 11/16/62
Medium

ACT 23163

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George Gerth

Licensed Embalmer No. 5091

P. O. Address Memphis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

ED-18-8

ED-18-8

ED-48-9